

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742344 (5)

1. Corporation Name

AFFIRMATION LUTHERAN CHURCH, INC.



Principal Place of Business

Mailing Address

9465 W. GLADES RD.
BOCA RATON FL 33434

9465 W. GLADES RD.
BOCA RATON FL 33434

3. Date Incorporated or Qualified

04/11/1978

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1801086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ZERWECK, JOHN~~
9465 W GLADES RD
BOCA RATON FL 33434

81 Name

HAROLD SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ZERWECK, JOHN
STREET ADDRESS 9482 BURLINGTON PLACE
CITY-STATE-ZIP BOCA RATON FL 33434

TITLE VD ☐ DELETE
NAME SMITH, HAROLD
STREET ADDRESS 4294 BRANDYWINE DR.
CITY-STATE-ZIP BOCA RATON FL

TITLE TD ☐ DELETE
NAME BACHMANN, KARL
STREET ADDRESS 20976 AURNEL RUN
CITY-STATE-ZIP BOCA RATON FL

TITLE SD ☒ DELETE
NAME MAILLOUX, ANN
STREET ADDRESS 9397 RICHMOND CIR
CITY-STATE-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME LIPINSKY, ANNE
STREET ADDRESS 10768 SHORE DRIVE
CITY-STATE-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME MICKELSON, BRAD
STREET ADDRESS 21042 COUNTRY CREEK DR.
CITY-STATE-ZIP BOCA RATON FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME ROBERT KOHSEK
13 STREET ADDRESS 21360 WOOD CHUCK LANE
14 CITY-STATE-ZIP BOCA RATON, FL 33428

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE SD ☒ Change ☐ Addition
42 NAME ANA LANKEAH
43 STREET ADDRESS 10509 PLANTVIEW CIR
44 CITY-STATE-ZIP BOCA RATON, FL 33498

51 TITLE D ☐ Change ☐ Addition
52 NAME SUSAN KEKA
53 STREET ADDRESS 22664 SW 65 WAY
54 CITY-STATE-ZIP BOCA RATON FL 33428

61 TITLE D ☐ Change ☐ Addition
62 NAME JIM WEIDMAN
63 STREET ADDRESS 21244 HAZELWOOD LN
64 CITY-STATE-ZIP BOCA RATON FL 33428

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME PHONE #

CR2E037 (12/95)